L4 ANSWER 9 OF 10 BIOSIS COPYRIGHT 2000 BIOSIS
ACCESSION NUMBER: 1988:324750 BIOSIS
DOCUMENT NUMBER: BR35:30084
TITLE: A CROSSOVER STUDY OF THE USE OF **INTRAVENOUS IMMUNOGLOBULIN** FOR PROPHYLAXIS AGAINST INFECTION IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA OR LOW GRADE NON-HODGKIN'S **LYMPHOMA**.
AUTHOR(S): CHAPEL H M; GRIFFITHS H; BRENNAN V; LEA J; BUNCH C; LEE M
CORPORATE SOURCE: JOHN RADCLIFFE HOSP., OXFORD, U.K.
SOURCE: FORTY-FIFTH ANNUAL NATIONAL MEETING OF THE AMERICAN FEDERATION FOR CLINICAL RESEARCH, WASHINGTON, D.C., USA, APRIL 29-MAY 2, 1988. CLIN RES, (1988) 36 (3), 407A. CODEN: CLREAS. ISSN: 0009-9279.
DOCUMENT TYPE: Conference
FILE SEGMENT: BR; OLD
LANGUAGE: English

L5 ANSWER 8 OF 10 MEDLINE DUPLICATE 8

ACCESSION NUMBER: 91217265 MEDLINE
DOCUMENT NUMBER: 91217265 PubMed ID: 2022749
TITLE: Lymphocyte homing and clinical behavior of non-Hodgkin's lymphoma.
AUTHOR: Jalkanen S; Joensuu H; Soderstrom K O; Klemi P
CORPORATE SOURCE: Department of Medical Microbiology, University of Turku, Finland.
SOURCE: JOURNAL OF CLINICAL INVESTIGATION, (1991 May) 87 (5) 1835-40.
Journal code: HS7; 7802877. ISSN: 0021-9738.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199105
ENTRY DATE: Entered STN: 19910623
Last Updated on STN: 19980206
Entered Medline: 19910531

AB Lymphocyte homing receptors (HRs) defined by Hermes antibodies (anti-CD44) and lymphocyte function associated antigen-1 (LFA-1, CD11a/CD18) are involved in lymphocyte binding to endothelial cells of high endothelial venules (HEVs) at sites where lymphocytes exit the blood. Their expression was correlated to the clinical behavior of 245 non-Hodgkin's lymphomas followed up for the median of 87 mo after the diagnosis. Lymphomas that showed no or weak staining intensity for HRs were more often of stage I (P = 0.005), disseminated less frequently hematogenously (P = 0.003), and had more favorable prognosis than lymphomas with intensive staining for HRs (P less than 0.0001) despite that they were more often histologically of high grade malignancy (P = 0.002). Expression of LFA-1 beta chain (CD18) did not correlate significantly with stage or survival, but had prognostic value in a subgroup of HR expression negative lymphomas (P = 0.03). HR staining intensity was an independent prognostic factor in a multivariate analysis. These findings indicate that Hermes/CD44 molecule is associated to the determination of the **metastatic potential** and prognosis of **non-Hodgkin**'s lymphomas. They also reveal a new entity among **non-Hodgkin**'s lymphomas, because lymphomas that express low levels of HR have favorable prognosis despite their often highly malignant histological appearance.

L11 ANSWER 5 OF 9 MEDLINE DUPLICATE 3
ACCESSION NUMBER: 97154711 MEDLINE
DOCUMENT NUMBER: 97154711 PubMed ID: 9001429
TITLE: Increased serum levels of soluble CD44 standard, but not of variant isoforms v5 and v6, in B cell chronic lymphocytic leukemia.
AUTHOR: De Rossi G; Marroni P; Paganuzzi M; Mauro F R; Tenca C; Zarcone D; Velardi A; Molica S; Grossi C E
CORPORATE SOURCE: Department of Human Biopathology, University of Rome, Italy.
SOURCE: LEUKEMIA, (1997 Jan) 11 (1) 134-41.
Journal code: LEU; 8704895. ISSN: 0887-6924.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199702
ENTRY DATE: Entered STN: 19970227
Last Updated on STN: 19970227
Entered Medline: 19970211

AB The CD44 cell surface proteoglycan participates in a variety of functions including lymphohematopoiesis, lymphocyte homing and tumor metastasis. In addition to the standard form (CD44st), a large family of variant isoforms (CD44v) is generated by alternative splicing of a single gene. Certain CD44v (v5 and V6) are upregulated in the course of neoplastic progression and reflect the **metastatic potential** of tumor cells.
CD44 v6 is expressed in high-grade **non-Hodgkin**'s lymphoma cells and is released in the serum, thus providing a soluble marker that reflects tumor burden, disease progression and treatment response. Here we show that serum CD44st is elevated in approximately half of B-CLL patients. In contrast, CD44v5 and v6 are detected at normal levels in the large majority of the cases. CD44st serum levels correlate significantly with the number of circulating leukemic B cells and with the levels of another soluble B-CLL marker, beta2-microglobulin. Immunoprecipitation analyses of B-CLL sera allow detection of several high molecular weight bands and of a 78 kDa band that represents a soluble form of CD44st and is 4 kDa lower than a similar band (82 kDa) detected in B-CLL cell lysates. Elevated serum CD44st associates with a number of unfavorable prognostic factors such as high peripheral blood lymphocytosis, splenomegaly, advanced disease stage and therapy requirement. A follow-up study indicates that serum levels of CD44st are related to disease status, thus reinforcing our veiw that this molecule may represent a reliable tumor marker in B-CLL.

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L4 ANSWER 7 OF 10 MEDLINE DUPLICATE 6
ACCESSION NUMBER: 92374727 MEDLINE
DOCUMENT NUMBER: 92374727
TITLE: Immunodeficiency presenting as hypergammaglobulinaemia with
IgG2 subclass deficiency [see comments].
COMMENT: Comment in: Lancet 1992 Oct 17;340(8825):979
Comment in: Lancet 1992 Nov 14;340(8829):1225
Comment in: Lancet 1992 Nov 14;340(8829):1225-6
AUTHOR: Shield J P; Strobel S; Levinsky R J; Morgan G
CORPORATE SOURCE: Host Defence Unit, Institute of Child Health, London, UK..
SOURCE: LANCET, (1992 Aug 22) 340 (8817) 448-50.
Journal code: L0S. ISSN: 0140-6736.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals; Cancer Journals
ENTRY MONTH: 199211
AB Recurrent bacterial infections, lymphadenopathy, and failure to thrive are unlikely to be attributed to immune deficiency if they occur in the presence of hypergammaglobulinaemia, and other explanations will usually be sought. We describe eight patients who presented with all these features in infancy or early childhood. Deficiencies of immunoglobulin and antibody production were initially discounted, and the children were referred for investigation of possible **lymphoma**, autoimmune disease, or chronic viral infection. The patients were later referred to us for more detailed immunological investigation, which revealed low levels of IgG2 and poor specific antibody production to common pathogens. Treatment with **intravenous immunoglobulin** resulted in resolution of signs and symptoms in all patients. Thus we have shown that hypergammaglobulinaemia does not preclude the presence of immunoglobulin/antibody deficiency. We suggest that investigation of children with high levels of IgG and features of immunodeficiency should include IgG subclass analysis.

L4 ANSWER 10 OF 10 MEDLINE DUPLICATE 8

ACCESSION NUMBER: 88289208 MEDLINE
DOCUMENT NUMBER: 88289208
TITLE: Prophylactic and therapeutic use of immunoglobulin for intravenous administration in patients with secondary immunodeficiencies associated with malignancies.
AUTHOR: Morell A; Barandun S
CORPORATE SOURCE: Institute for Clinical and Experimental Cancer Research, University of Berne, Switzerland.
SOURCE: PEDIATRIC INFECTIOUS DISEASE JOURNAL, (1988 May) 7 (5 Suppl) S87-91. Ref: 18
Journal code: OXJ. ISSN: 0891-3668.
PUB. COUNTRY: United States
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198811

AB Failure of host defense systems associated with malignancies may be attributable to the tumor, to cytoreductive therapy or to combined endogenous and iatrogenic influences. Management of the resulting increased susceptibility to infections may require supplementation of antibiotic therapy with additional forms of treatment, including passive immunization with antibodies. This review discusses the use of immunoglobulin preparations for intravenous administration (IVIG) in patients with secondary immunodeficiencies associated with neoplasia. A suitable model for evaluating the prophylactic effect of IVIG is chronic lymphocytic leukemia. Many observations suggest that IVIG reduces the frequency of acute respiratory infections. Another malignant condition with decreased serum levels of polyclonal immunoglobulins and high frequency of infections is multiple myeloma. A crossover study recently demonstrated that IVIG significantly (P less than 0.01) reduced the frequency of respiratory tract infections in these patients. Furthermore the prophylactic effect of IVIG was evaluated in patients with small cell carcinoma of the lung. In a randomized prospective trial it was noticed that IVIG applied during intensive chemotherapy and irradiation courses significantly (P = 0.04) reduced the frequency of infections. Evidence for a therapeutic effect of **IVIG** was obtained in adult tumor patients and in children with leukemia or non-Hodgkin's **lymphoma** who developed severe varicella-zoster virus infections. The treatment effectively controlled fever, skin lesions and neuralgia and prevented progression of the infection. Therapeutic usefulness of **IVIG** in bacterial infections is still based on anecdotal evidence. Experimental data suggest that in addition to effects mediated by specific antibodies, nonspecific interactions of IgG molecules with Fc-receptors on macrophages may be clinically important.

L10 ANSWER 19 OF 19 MEDLINE
ACCESSION NUMBER: 88289208 MEDLINE
DOCUMENT NUMBER: 88289208 PubMed ID: 2840630
TITLE: Prophylactic and therapeutic use of immunoglobulin for intravenous administration in patients with secondary immunodeficiencies associated with malignancies.
AUTHOR: Morell A; Barandun S
CORPORATE SOURCE: Institute for Clinical and Experimental Cancer Research, University of Berne, Switzerland.
SOURCE: PEDIATRIC INFECTIOUS DISEASE JOURNAL, (1988 May) 7 (5 Suppl) S87-91. Ref: 18
Journal code: OXJ; 8701858. ISSN: 0891-3668.
PUB. COUNTRY: United States
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198809
ENTRY DATE: Entered STN: 19900308
Last Updated on STN: 19980206
Entered Medline: 19880902

AB Failure of host defense systems associated with malignancies may be attributable to the tumor, to cytoreductive therapy or to combined endogenous and iatrogenic influences. Management of the resulting increased susceptibility to infections may require supplementation of antibiotic therapy with additional forms of treatment, including passive immunization with antibodies. This review discusses the use of immunoglobulin preparations for intravenous administration (**IVIG**) in patients with secondary immunodeficiencies associated with neoplasia. A suitable model for evaluating the prophylactic effect of **IVIG** is chronic lymphocytic leukemia. Many observations suggest that **IVIG** reduces the frequency of acute respiratory infections. Another malignant condition with decreased serum levels of polyclonal immunoglobulins and high frequency of infections is multiple myeloma. A crossover study recently demonstrated that **IVIG** significantly (P less than 0.01) reduced the frequency of respiratory tract infections in these patients. Furthermore the prophylactic effect of **IVIG** was evaluated in patients with small cell carcinoma of the lung. In a randomized prospective trial it was noticed that **IVIG** applied during intensive chemotherapy and irradiation courses significantly (P = 0.04) reduced the frequency of infections. Evidence for a therapeutic effect of **IVIG** was obtained in adult tumor patients and in children with leukemia or non-Hodgkin's **lymphoma** who developed severe varicella-zoster virus infections. The treatment effectively controlled fever, skin lesions and neuralgia and prevented progression of the infection. Therapeutic usefulness of **IVIG** in bacterial infections is still based on anecdotal evidence. Experimental data suggest that in addition to effects mediated by specific antibodies, nonspecific interactions of IgG molecules with Fc-receptors on macrophages may be clinically important.

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L4 ANSWER 8 OF 10 MEDLINE DUPLICATE 7
ACCESSION NUMBER: 88292307 MEDLINE
DOCUMENT NUMBER: 88292307
TITLE: Rapid transient reversal of anemia and long-term effects of maintenance intravenous immunoglobulin for autoimmune hemolytic anemia in patients with lymphoproliferative disorders.
AUTHOR: Besa E C
CORPORATE SOURCE: Department of Medicine, Medical College of Pennsylvania, Philadelphia 19129.
SOURCE: AMERICAN JOURNAL OF MEDICINE, (1988 Apr) 84 (4) 691-8. Journal code: 3JU. ISSN: 0002-9343.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals; Cancer Journals
ENTRY MONTH: 198811
AB Seven patients with autoimmune hemolytic anemia (AIHA) associated with an underlying lymphoproliferative disorder were treated with **intravenous immunoglobulin**. Five patients with chronic lymphocytic leukemia, a patient with Hodgkin's **lymphoma** with severe AIHA associated with a "warm" IgG antibody, and a patient with non-Hodgkin's **lymphoma** with an IgM "cold" antibody were treated with **intravenous immunoglobulin** G (0.4 g/kg) daily for five doses followed by maintenance therapy every 21 to 28 days if evidence of recurrence was noted. Two additional patients with refractory chronic lymphocytic leukemia and hypogammaglobulinemia were given maintenance therapy with intravenous immunoglobulin G every 21 days for previously recurrent AIHA and infections. Hematocrit levels of patients with AIHA stabilized followed by a gradual improvement at 21 days after intravenous immunoglobulin G infusion without steroids. Treatment with steroids and intravenous immunoglobulin G resulted in faster and higher increments in hematocrit levels in these patients. Other patients who had partial responses to steroids showed further improvement in their hematocrit levels by the addition of intravenous immunoglobulin G. Another patient with a cold agglutinin disease was refractory to intravenous immunoglobulin G therapy. Five patients with chronic lymphocytic leukemia and acute AIHA and two patients with previous recurrences of AIHA required maintenance intravenous immunoglobulin G every 21 days. All seven patients except one did not have any episodes of AIHA from six months to as long as four years while receiving the three-week intravenous immunoglobulin G therapy. These observations indicate a role for intravenous immunoglobulin G in the management of IgG-mediated but not IgM-associated autoimmune hemolysis in immunocompromised patients with lymphoproliferative diseases.